

REGION III AGING SERVICES

Donna Olson, Regional Aging Services Program Administrator

Serving: Benson, Cavalier, Eddy, Ramsey, Rolette, & Towner Counties



Winter 2009



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Finding Funds Short for Food? Federal Supplemental Nutrition Assistance Program (SNAP) Can Help

The Supplemental Nutrition Assistance Program (SNAP) is the U.S. Department of Agriculture-funded program formally called the Food Stamp Program. The new name reflects the changes made to meet the needs of clients, including the focus on nutrition and improving access to this important assistance.

Making the program easily available to older adults is a priority, and North Dakota has taken several steps to achieve this.

- Individuals can request applications by mail or in person at all county social services offices.
- Once complete, the application form can be mailed to or dropped off at the county social service office.
- County workers can interview program applicants by telephone instead of an in-person office interview.
- If seniors or other individuals need help applying for nutrition assistance, a friend or relative may help them apply. This person can assist in directing questions to the county worker, attend the interview, and help the individual purchase food with the individual's special debit card, called an EBT card.

If you have questions about the SNAP program or eligibility, contact your local county social service office, or the North Dakota Department of Human Services toll-free at 1-800-755-2716.

Guardianship Program

FACT SHEET

General Overview

- Guardianship is a court-appointed relationship that arranges for an individual (called a guardian) to make decisions for another person (called the ward).
- A guardianship may be needed when the ward's decision-making threatens his or her well-being, or the ward is at risk of emotional or financial danger or physical injury or illness.
- A guardian is required to act in and represent the best interests of a ward, and to protect the ward and his or her rights.
- A guardian must ensure that services are provided in the most normal and least restrictive way possible and are tailored to meet the needs of the ward.
- Guardians are required to involve wards in all decisions to the fullest extent possible.

How is the guardianship process started?

Any person interested in the welfare of an allegedly incapacitated person may petition the court for the appointment of a guardian. After a petition is filed, the court sets a hearing date on the issues of incapacity, appoints an attorney to act as *guardian ad litem*, appoints a physician or clinical psychologist to examine the proposed ward, and appoints a *visitor* to interview the proposed guardian and proposed ward. At the hearing, the court hears evidence about the incapacitation of the proposed ward, and assesses alternative resource plans and the need for guardianship.

How do the courts determine if there is a need for guardianship?

The court reviews all documentation submitted and decides whether a guardianship is needed. The court appoints a guardian and grants specific powers of guardianship based on clear and convincing evidence that the proposed ward is incapacitated, and no other alternative resource is available to safeguard the proposed ward's health, safety, or basic well-being, and has

determined that guardianship is necessary and the best means to provide care, supervision, and food, clothing, and/or shelter for the ward. The court strives to grant powers and duties to the guardian that are appropriate as the least restrictive form of intervention consistent with the ward's ability to care for himself or herself.

Can a guardianship be revoked?

The court may remove a guardian and appoint another if the ward or any person interested in the ward's welfare petitions the court. A guardian may petition the court to accept the guardian's resignation and make another order appropriate for the ward. Removal of the guardian can also be court ordered if a ward is no longer incapacitated, or if a guardian has not acted in the best interest of the ward. The court follows the same procedures used to petition for appointment of a guardian to safeguard the rights of the ward.

Are there alternatives to guardianship?

The court determines the least restrictive arrangement for the ward. Alternatives to guardianship exist.

N.D. Informed Healthcare Consent Law –

This law deals with persons authorized to provide informed consent for health care if an individual is unable to consent. A hospital or doctor is required to provide treatment in life and death situations even if informed consent cannot be obtained from an individual. North Dakota state law outlines the process for obtaining informed consent for health care for a person who is unable to provide informed consent or if informed consent is unable to be obtained from a person authorized to provide consent for the patient. *NDCC 23-12-13* lists in order of priority who may provide consent in such situations.

Health Care Directives – Every competent adult has the right and responsibility to make decisions relating to his or her own health care, including the decision to have health care provided, withheld, or withdrawn. The individual retains control over his or her own health care during periods of incapacity through the implementation of the health care directives and the designation of an individual (health care agent) to make health care decisions on his or her behalf. It is essential that the individual completely trust the health care agent and communicate his or her wishes clearly to the agent. (Refer to Advance Health Care Planning Resource Guide for North Dakota)

Representative Payee – This is a person or agency that is given the responsibility of managing Supplemental Security Income, Social Security Disability Income, veterans' benefits, or other entitlements for an individual who is not able to adequately handle these funds. The payee takes charge of the funds and is responsible for ensuring they are spent on the care, treatment, and needs of the ward. A payee must keep records of transactions and expenditures and file regular reports. The appointment process involves some specific steps that are outlined by the respective funding source.

Power of Attorney – This gives designated party(ies) the authority to act on behalf of an individual if the need arises. Because this is not a court process, a power of attorney can be established easily and inexpensively. It can be revoked by the individual at any time. The assignment of the power of attorney assumes the person to be competent, but it has few safeguards and lacks accountability. (Concerns: No reporting requirements/no court oversight)

Co-Signers on Bank Accounts – This is an alternative to power of attorney or representative and protective payees. (Concerns: No safeguard or protection for the vulnerable person)

Alternative Resource Plan – This means a plan that provides an alternative to guardianship and uses available support services and arrangements that are acceptable to the alleged incapacitated person. The plan may include the use of service providers such as visiting nurses, homemakers, home health aides, personal care attendants, adult day care and multipurpose senior citizen centers; home and community-based care, county social services, and developmental disability services; powers of attorney, representative and protective payees; and licensed congregate care facilities. (Questions of informed consent and vulnerability must be considered and addressed, which may involve capacity issues.)

*ND Department of Human Services
Aging Services Division*

*1237 W Divide Avenue, Suite 6
Bismarck ND 58501*

701-328-4933 / 1-800-451-8693

<http://www.nd.gov/dhs/services/adultsaging/>

start the New Year Eating Healthy

The holidays have come and gone so now it's time to kick off the New Year with a healthy start. Here are some tips to help you stay on track and make healthy eating a part of your daily life:

1. **Eat a high-fiber, low-fat breakfast each day.** No matter how busy you are, do not skip breakfast. Eating a healthy breakfast helps you eat less throughout the day.
2. **Make lunch your biggest meal of the day.** This gives you the opportunity to burn off the calories and provides an energy boost to get you through the afternoon.
3. **Snack on fruits, vegetables and high-fiber foods** such as nuts and whole grains whenever possible. Fiber fills you up and helps prevent overeating.
4. **Watch the sodium.** Try to keep your sodium intake to 2,300 mg or less. You will retain less water and reduce your risk of developing hypertension.
5. **Consume at least 3 servings of low-fat or non-fat dairy products each day.** Dairy products provide calcium, which is important for maintaining strong bones.
6. **Limit alcohol consumption.** Alcoholic drinks are high in calories and can cause you to make poor food judgments.
7. **Drink plenty of water.** People often mistake thirst for hunger, which can lead to overeating.
8. **Watch your portions.** Use a smaller plate. This helps you eat less. When eating out, share a meal with a friend or only eat half your meal and take the rest home for later.
9. **Eat slowly and enjoy your meal.** It takes 20 minutes for your brain to tell your stomach that it is full.
10. **Shop the perimeter of the grocery store.** The healthiest choices are usually placed on the perimeter such as fruits/vegetables, dairy, meat and bread. The inner aisles contain more processed foods (think boxes and cans!).

Remember:

- **To get your flu shot**



- **February 17, 2009 – conversion to all-digital TV**
(Call 1-888-225-5322 for information about the digital transition or go to www.dtv.gov.)



GOVERNOR'S COMMITTEE ON AGING TO MEET IN BISMARCK ON JANUARY 16, 2009

BISMARCK, N.D. – The Governor's Committee on Aging is meeting Friday, January 16, from 10 a.m. to 3 p.m., in Bismarck at the Prairie Hills Plaza building, 1237 W Divide Ave, Suite 6. The meeting is open to the public.

Agenda items include planning for the upcoming Forums on Aging, committee and members' responsibilities, nursing facilities and their potential role in providing home and community-based long-term care services, and current legislation affecting the aging community. Guest speakers are Jacob Reuter, Department of Human Services' program manager, Money Follows the Person Grant, and Krista Headland, representative of Alzheimer's Association MN-ND Chapter.

The committee monitors issues impacting older individuals, acts as an advisory body for the Department of Human Services' Aging Services Division, sponsors community forums, and works to achieve goals related to the needs of older individuals, including making recommendations on legislation and government policies. Members also participate in Regional Councils on Aging.

For information about the committee or meeting, contact Chairman Amy Clark at 701-223-8659, or Linda Wright, Aging Services Division Director, N.D. Department of Human Services, at 701-328-4601.



AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Donna Olson** at **665-2200**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Lake Region Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Lake Region Human Service Center** is an equal opportunity employer.



Vulnerable Adult Protective Services

December 2008

Background:

In 1989, the North Dakota Legislature passed the law authorizing the Department of Human Services to develop, administer, and implement a protective services program for vulnerable adults. The program works to prevent further abuse, neglect, or exploitation and promotes self-care and independence. Each regional human service center has an Elder Services Unit that provides vulnerable adult protective services and other services.

Legal Definition of Vulnerable Adult:

... any person older than age 18, or emancipated by marriage who has a substantial mental or functional impairment

ND Century Code 50-25.2-03 says that any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect or observes conditions or circumstances that reasonably would result in abuse or neglect, may report the information to the N.D. Department of Human Services or to an appropriate law enforcement agency.

The law gives the Department the right to assess and provide or arrange for adult protective services if the vulnerable adult consents to and accepts services. The Department may pursue administrative, legal, or other remedies authorized by law, which are necessary and appropriate under the circumstances to protect a vulnerable adult who cannot give consent, and to prevent further abuse or neglect.

Did You Know?

Adult children, other relatives, church communities, and others help meet the needs of many people.

Individuals who receive vulnerable adult protective services often lack informal supports.

Federal Fiscal Year Data:

	FFY 08	FFY 07
New cases	486	444
Info & referral calls	360	392
Brief services Take <2 hours to resolve, such as helping a family locate needed services	257	223
Cases closed	468	404
Hours spent on info and referral, brief services, and cases	6,839	7,008

NOTE: A new case does not mean a person has not been served before. Recidivism is common. Abilities change over time, and neglect or abuse concerns may resurface. Data should not be compared to data from before 2003-2004 due to a clarification in data.

	FFY 08
Referral Reasons	
Self-neglect	66%
Neglect	17%
Financial exploitation	9%
Abuse	8%
Referral Sources	
Agency	29%
Medical/Home Health	25%
Community	20%
Family	16%
Legal/Judicial	6%
Self	4%
Nature of Request	
Non-emergency	80%
Imminent Danger	10%
Emergency	10%

Vulnerable Adult Protective Services Demographic Data Oct. 2007 – Sept. 2008

General	
76%	Age 60 and older
60%	Female
95%	Caucasian
3%	American Indian/Native Alaskan
Marital Status	
69%	Single/Widow/Widower
18%	Married
11%	Divorced
2%	Separated
Living Arrangements	
63%	Live alone
17%	Live with other family member
14%	Live with spouse
6%	Live with non-relatives
Alzheimer's & Other Dementia	
69%	Did not have dementia
31%	Do have some sort of dementia
Reasons for Case Closure:	
15%	Referred to another agency
17%	Received protective arrangements, or died
16%	Client refused services
15%	Placed in long-term care facility
10%	Referred to home & community-based services
27%	Other

Adult Protection in Practice:

•A **vulnerable adult** has the right to make decisions on his or her own behalf until he or she delegates responsibility voluntarily to another, or the court grants responsibility to another.

•When **interests compete**, a competent individual's decision supersedes community concerns about safety, landlord concerns about property, or family concerns about health or finances.

•A **person can choose** to live "in harm" or even self-destructively, if she or he is competent to choose, does not harm others, and commits no crimes.

How Are Calls Handled?

When a Regional Human Service Center receives a call about suspected abuse or neglect of a vulnerable adult, staff members:

- Assess the situation** via phone to determine if an emergency exists.
- Work with law enforcement, if appropriate.**
- If it is not an emergency, but requires more than providing information and referral, **staff may conduct a site visit** to assess the situation and assure appropriate services are offered.
- May offer services** to the vulnerable person such as home-delivered meals, personal care assistance, respite care, or other services, if appropriate.

Human Service Center Contact Information:

Bismarck	701-328-8888	888-328-2662
Devils Lake	701-665-2200	888-607-8610
Dickinson	701-227-7500	888-227-7525
Fargo	701-298-4500	888-342-4900
Grand Forks	701-795-3000	888-256-6742
Jamestown	701-253-6300	800-260-1310
Minot	701-857-8500	888-470-6968
Williston	701-774-4600	800-231-7724

Another Resource:
ND Aging and Disability
Resource Link
1-800-451-8693
www.carechoice.nd.gov

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N.D. Department of Human Services
Aging Services Division
 1237 W Divide Ave, Suite 6
 Bismarck ND 58501
 Phone: 701-328-4601
 E-mail: dhsaging@nd.gov
www.nd.gov/dhs

Power of Attorney Abuse

What is Power of Attorney Abuse?

A power of attorney (POA) is a legal document used by an individual to allow someone else to act on their behalf. It is commonly recommended by attorneys as a tool for planning for incapacity because a trusted person can stand in for an individual who can no longer make or communicate financial decisions. When used for planning, the POA generally is "durable," meaning it continues if incapacity occurs.

While POAs enhance autonomy by authorizing a trusted person to act and avoiding court appointment of a guardian, they also confer a great deal of authority without regular oversight or clear standards for agent conduct. Advocates for older people often call the POA a "license to steal." While there are no national data on the incidence of POA abuse, adult protective services and criminal justice professionals report an explosion of financial exploitation cases of this type.

POA abuse takes many forms. An agent may spend the principal's money for self-dealing purposes, such as buying him- or herself a car rather than paying for the principal's nursing home care. The agent may exceed the intended scope of authority by, e.g., making gifts of the principal's property when that power hasn't been granted. The principal's estate plan may be undermined when assets are given to unintended recipients. The power of attorney itself may be a fraudulent document or a forgery.

State Regulation and the New Uniform Power of Attorney Act

Powers of attorney are regulated by state law and those laws vary substantially. In 2006, the Uniform Law Commissioners (ULC), who draft and propose model laws, approved the Uniform Power of Attorney Act. Among other goals, the UPOAA aims to promote autonomy and prevent, detect and redress power of attorney abuse.

Some of the key provisions of the UPOAA that benefit and protect people who execute POAs include:

- The clear statement of an agent's duties, including the agent's responsibility to act in good faith, within the scope of authority granted, and according to the principal's known expectations or best interest – as well as more specific duties such as preserving estate plans and cooperating with health care proxies;
- Stringent requirements for exercising "hot powers" – those with a high propensity for dissipating property or altering an estate plan;
- The provision that a third party may refuse to honor a POA when the third party reports suspected abuse to an adult protective services agency or knows that someone else has made a report; and
- Liability of malfeasant agents for damages, attorney's fees and costs.



WINTER Poem

It's winter in North Dakota

And the gentle breezes blow
Seventy miles an hour
At thirty-five below.

Oh, how I love North Dakota

When the snow's up to your butt
You take a breath of winter
And your nose gets frozen shut.

Yes, the weather here is wonderful

So I guess I'll hang around
I could never leave North Dakota
I'm frozen to the ground!

(Author Unknown)

Region III Vision Rehabilitation Services

If, because of vision loss, you are having difficulties maintaining your home, our goal is to help you continue to be independent. The Vision Rehabilitation Specialist may be able to teach you new ways to perform tasks such as:

- Reading
- Telling time
- Homemaking tasks
- Writing checks
- Telling time



We will also help you explore some of the following benefits to see if you qualify.

- A property tax exemption
- An income tax deduction
- Telephone directory assistance charge exemption
- Talking Books
- Radio reading services

If funds are available, we may provide inexpensive adaptive devices such as magnifiers, glare control sunglasses, white canes, large print calendars, etc.**

Finally, remember Vision Rehabilitation is not a substitute for medical eye care. You are encouraged to continue to see your eye care professional regularly.

Cathy Bryce is the Vision Rehabilitation Specialist serving Region III. She can be contacted at (701) 665-2200 or toll free 1-888-607-8610.

It is the size of one's will that determines success.

Did you know??? At the ends of the boxes of Saran Wrap and Reynolds Wrap, you can push the ends in, which will hold the roll and make your life a "little" bit easier!!!

ND Family Caregiver Support Program

Are you a caregiver of an older adult?

Are you an older adult caring for a child age 18 or younger?

You are not alone. Unpaid caregivers (family members and friends) provide most of the care to older individuals who need assistance with everyday activities like bathing and dressing. Unpaid caregivers are an important part of providing long-term care services to the older adults and people with disabilities.

Grandparents raising grandchildren is also a growing trend. Older people face unique challenges when they accept the responsibility of providing full-time care to a child 18 or younger.

Established under the Older Americans Act, the federally funded Family Caregiver Support Program provides a system of support services to help unpaid caregivers of older adults and grandparent/relative caregivers who are caring for children. Caregivers who do not have access to a support system may experience burnout leading to increased stress and other problems. This program helps address these and other caregiver challenges.

What services are provided?

- Information
- Assistance
- Individual or family counseling, organization of support groups, and individual training
- Respite care
- Supplemental services

Who is eligible for services?

- Informal caregivers caring for an adult 60 years of age or older.
- Grandparents and other relative caregivers who are 55 years of age or older caring for a child age 18 or younger.
- Individuals caring for a person with Alzheimer's or related dementia regardless of their age.

What are the costs?

- All services are federally-funded and are provided at no cost to participants. Clients are provided the opportunity to contribute toward the cost of services. However, under Older Americans Act guidelines, no one is denied services because of inability or unwillingness to contribute.

For more information, please contact: Tammie Johnson at (701) 328-8776.



SHINGLES VACCINE

What You Need To Know

1. What is shingles?

Shingles is a painful skin rash, often with blisters. It is also called Herpes Zoster. A shingles rash usually appears on one side of the face or body and lasts from 2 to 4 weeks. Its main symptom is pain, which can be quite severe. Other symptoms of shingles can include fever, headache, chills, and upset stomach. Very rarely, a shingles infection can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis), or death. For about 1 person in 5, severe pain can continue even after the rash clears up. This is called **post-herpetic neuralgia**. Shingles is caused by the Varicella Zoster virus, the same virus that causes chickenpox. Only someone who has had a case of chickenpox – or gotten chickenpox vaccine – can get shingles. The virus stays in your body. It can reappear many years later to cause a case of shingles. You can't catch shingles from another person with shingles. However, a person who has never had chickenpox (or chickenpox vaccine) could get **chickenpox** from someone with shingles. This is not very common. Shingles is far more common in people 50 and older than in younger people. It is also more common in people whose immune systems are weakened because of a disease such as cancer, or drugs such as steroids or chemotherapy. At least 1 million people a year in the United States get shingles.

2. Shingles vaccine

A vaccine for shingles was licensed in 2006. In clinical trials, the vaccine prevented shingles in about half of people 60 years of age and older. It can also reduce the pain associated with shingles. A single dose of shingles vaccine is indicated for adults 60 years of age and older.

3. Some people should not get shingles vaccine or should wait

A person should not get shingles vaccine who:

- has ever had a life-threatening **allergic reaction** to **gelatin**, the antibiotic **neomycin**, or **any other component of shingles vaccine**. Tell your doctor if you have any severe allergies.
- has a **weakened immune system** because of
 - HIV/AIDS or another disease that affects the immune system,
 - treatment with drugs that affect the immune system, such as steroids,
 - cancer treatment such as radiation or chemotherapy,
 - a history of cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma.
- has active, untreated **tuberculosis**.
- is **pregnant**, or might be pregnant. Women should not become pregnant until at least three months after getting shingles vaccine.

Someone with a minor illness, such as a cold, may be vaccinated. But anyone who is moderately or severely ill should usually wait until they recover before getting the vaccine. This includes anyone with a temperature of 101.3°F or higher.

4. What are the risks from shingles vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm, or death, is extremely small.

No serious problems have been identified with shingles vaccine.

Mild Problems

- Redness, soreness, swelling, or itching at the site of the injection (about 1 person in 3).
- Headache (about 1 person in 70).

Like all vaccines, shingles vaccine is being closely monitored for unusual or severe problems.

5. What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. These usually occur within the first few hours after vaccination.

What should I do?

- Call** a doctor, or get the person to a doctor right away.
- Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

6. How can I learn more?

- Your provider can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's website at www.cdc.gov/vaccines

Department of Health and Human Services
Centers For Disease Control and Prevention
National Center For Immunization and Respiratory Diseases
Shingles Vaccine (9/11/06) Vaccine Information Statement (Interim)

MAKING A DIFFERENCE THROUGH VOLUNTEERING

Have you ever wondered how you could make a difference in other people's lives? Spending time with residents of nursing facilities and assisting them to maintain the highest quality of life possible can be a very rewarding experience. Becoming involved in the Long Term Care Ombudsman Program is one way you can make a positive impact.

A long term care ombudsman is an impartial mediator who helps resolve problems or complaints received from residents of nursing facilities, their families and friends, facility staff, and the general public.

In 1978, amendments to the Older American's Act (OAA) required the establishment of a Long Term Care Ombudsman Program in each state in order to receive federal OAA funding. Senate Bill 2070 established the Long Term Care Ombudsman Program in ND. The philosophy of the Ombudsman Program is that all residents of long term care facilities are entitled to be treated with dignity, respect, and recognition of their individual needs and preferences. The mission of the Ombudsman Program is to advocate on an individual, community, and systemic level for knowledge and respect of the civil and human rights of all long term care residents.

One component of the Ombudsman Program involves Community Volunteer Ombudsmen. The volunteer is assigned by the Regional Ombudsman to a specific nursing home where they are asked to visit at least once a week in order to become familiar with residents, facility staff, and how the facility operates. The volunteer is a neutral third party who visits with residents, providing support, helping to identify complaints and concerns, encouraging self-advocacy, and encouraging interaction among residents and between residents and staff.

Residents are empowered by being encouraged to attempt to resolve problems themselves by bringing forward their complaints to the appropriate facility staff. However, if they are not able or willing to bring forward their concerns, the community ombudsman can do this for them.

We do not expect you to have all the answers nor fix all their problems. Your Regional Ombudsman is just a phone call away.

If you are interested in learning more about the Long Term Care Ombudsman Program or about becoming a community volunteer Ombudsman, please contact Kim Helten, Regional Ombudsman, at 701-665-2200 or 1-888-607-8610.

"Enjoy the little things, for one day you may look back and realize that they were the big things." – Robert Brault

"Excellence is the result of caring more than others think is wise, asking more than others think is safe, dreaming more than others think is practical, and expecting more than others think is possible."~ Author Unknown

**THE 2009 ND
FORUMS ON AGING
Health Promotion and Disease Prevention**

April 20 – Dickinson and Grand Forks

April 21 – New Town and Williston

April 22 – Ellendale and Lisbon

April 23 – Bismarck

April 24 – Rugby

Keynote Presentations

Dr. James H. Swan

Professor, University of North Texas, Department of Applied Gerontology
will be the speaker at the Rugby Forum on Aging

Sharon Larson

Aging Program Specialist, Region 8 Administrator on Aging

AARP

“Healthy Lifestyles”

Plans are being made for the April 24, 2009 Governors Forum on Aging that will be held at the Hub Motel in Rugby. Watch for more information in your local newspaper and your mail!

Sponsored by:

The ND Governor’s Committee on Aging in cooperation with the ND Department of Human Services, Aging Services Division

SWEETWATER ELEMENTARY SCHOOL

Sweetwater Elementary School has been a FGP workstation since September, 1998 off and on. They currently have one foster grandparent, Grandma Sonja Johnson of Devils Lake. Sweetwater Elementary School is a public school operated by the Devils Lake Public School System. Principal and station supervisor is Deb Follman. Sweetwater just received notification that they were named a National Title I Distinguished School for 2008. They are the only school in North Dakota to receive the award this year. Principal Follman said she credits everyone in the school, from the janitors and cooks to the teachers and para-professionals for the honor. She said the teachers are constantly looking for new strategies for teaching. Some of the recent programs include after school and before school programs, grade level meetings, professional development for teachers, the foster grandparent program, and the addition of math and reading coaches.

Taken from the Foster Grandparent Program Newsletter. Karen Hillman is the Project Director and Margaret Johnson is the Project Coordinator, Foster Grandparent Program, Northeast Human Service Center. Congratulations to Sweetwater Elementary School and its staff.

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I:	Karen Quick	1-800-231-7724
Region II:	MariDon Sorum	1-888-470-6968
Region III:	Donna Olson	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
Region VI:	CarrieThompson-Widmer	1-800-260-1310
Region VII:	Cherry Schmidt	1-888-328-2662 (local: 328-8787)
Region VIII:	Mark Jesser	1-888-227-7525

ND Family Caregiver Coordinators

Region I:	Karen Quick	1-800-231-7724
Region II:	Theresa Flagstad	1-888-470-6968
Region III:	Kim Helten	1-888-607-8610
Region IV:	Raeann Johnson	1-888-256-6742
Region V:	Laura Fischer	1-888-342-4900
Region VI:	CarrieThompson-Widmer	1-800-260-1310
Region VII:	Tammie Johnson	1-888-328-2662 (local: 328-8776)
Region VIII:	Rene Schmidt	1-888-227-7525

Long-Term Care Ombudsman Services

State Ombudsman:	Joan Ehrhardt	1-800-451-8693
Region I & II:	Deb Kraft	1-888-470-6968
Region III & IV:	Kim Helten or Donna Olson (701-665-2200) OR	1-888-607-8610
Region V & VI:	Bryan Fredrickson	1-888-342-4900
Region VII:	Joan Ehrhardt	1-800-451-8693
Region VIII:	Mark Jesser	1-888-227-7525

Vulnerable Adult Protective Services

Region I & II:	Deb Kraft	1-888-470-6968
Region III:	Shirley Tandeski, Kim Helten, Donna Olson: 1-888-607-8610 or 1-701-665-2200 and Andrea Laverdure, Rolla Outreach Office: 1-701-477-8272	
Region IV:	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS: 1-701-797-8540 Raeann Johnson Vulnerable Adult Team (VAT): 1-888-256-6742	
Region V:	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit: 1-701-241-5747	
Region VI:	Russ Sunderland	1-701-253-6344
Region VII:	Cherry Schmidt or Karla Backman 1-888-328-2662 or 1-701-328-8888 (local: 328-8787)	
Region VIII:	Rene Schmidt	1-888-227-7525

Other

Aging Services Division and "Resource Link": www.carechoice.nd.gov	1-800-451-8693
AARP:	1-866-554-5383
Mental Health America of ND (Local):	1-701-255-3692
Help-Line:	211 or 1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	1-800-634-5263 or (age 60+): 1-866-621-9886
Attorney General's Office of Consumer Protection:	1-701-328-3404 1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
Senior Health Insurance Counseling (SHIC) ND Insurance Department:	1-701-328-2440
Prescription Connection:	1-888-575-6611
Alzheimer's Association:	1-701-258-4933 1-800-232-0851

Donna Olson

Regional Aging Services Program Administrator
Lake Region Human Service Center
P. O. Box 650
Devils Lake ND 58301

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BBBBRRRR!!!!!! STAY WARM!



To:

Upcoming Events

- Region III Council on Aging Meeting, Langdon. January 28, 2009
- Region III Governor's Forum on Aging – Rugby. April 24, 2009
- EXPO 2009 Ramada Plaza Suites - Fargo. April 30, 2009
- Northern Plains Conference on Aging and Disability. September 22, 23, & 24, 2009
Ramada Plaza Suites, Fargo

Did you know that:

Martin Luther King, Jr. Holiday is on January 19

Presidents Day Holiday is on February 16

Daylight Savings Time begins on March 18

MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.